



DPH COVID-19 Dental Emergency Service Guidelines

This document is intended to serve as guidance for dental providers, including dentists and dental hygienists, practicing in the state of Delaware as to the types of services that constitute a dental emergency.

The Delaware Division of Public Health (DPH) strongly believes it is critical for our dental community to continue treating dental emergencies to keep patients suffering from pain and to keep urgent conditions away from emergency rooms and hospitals to preserve capacity. Safely treating patients' dental emergencies within private offices will maintain patient health and safety as well as the health of the community.

In order to provide clear guidance on [what constitutes a dental emergency](#) to allow dental offices in the state of Delaware to fully comply, DPH's guidelines in defining an emergency remain consistent with those of the American Dental Association (ADA), while adhering to [protocols of the Centers for Disease Control and Prevention \(CDC\)](#). We recommend the dental community limits its services to the following (the full-size ADA document can be found on the last page of this guidance):



The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is fluid situation and those closest to the issue may best understand the local challenges being faced.

DENTAL EMERGENCY

This guidance may change as the COVID-19 pandemic progresses. Dentists should use their professional judgment in determining a patient's need for urgent or emergency care.

Dental emergencies are potentially life threatening and require immediate treatment to stop ongoing tissue bleeding, alleviate severe pain or infection, and include:

- Uncontrolled bleeding
- Cellulitis or a diffuse soft tissue bacterial infection with intra-oral or extra-oral swelling that potentially compromise the patient's airway
- Trauma involving facial bones, potentially compromising the patient's airway

Urgent dental care focuses on the management of conditions that require immediate attention **to relieve severe pain and/or risk of infection and to alleviate the burden on hospital emergency departments. These should be treated as minimally invasively as possible.**

- Severe dental pain from pulpal inflammation
- Pericoronitis or third-molar pain
- Surgical post-operative osteitis, dry socket dressing changes
- Abscess, or localized bacterial infection resulting in localized pain and swelling
- Tooth fracture resulting in pain or causing soft tissue trauma
- Dental trauma with avulsion/luxation
- Dental treatment required prior to critical medical procedures
- Final crown/bridge cementation if the temporary restoration is lost, broken or causing gingival irritation
- Biopsy of abnormal tissue

Other urgent dental care:

- Extensive dental caries or defective restorations causing pain
 - Manage with interim restorative techniques when possible (silver diamine fluoride, glass ionomers)
- Suture removal
- Denture adjustment on radiation/oncology patients
- Denture adjustments or repairs when function impeded
- Replacing temporary filling on endo access openings in patients experiencing pain
- Snipping or adjustment of an orthodontic wire or appliances piercing or ulcerating the oral mucosa

DENTAL NON EMERGENCY PROCEDURES

Routine or non-urgent dental procedures includes but are not limited to:

- Initial or periodic oral examinations and recall visits, including routine radiographs
- Routine dental cleaning and preventive therapies
- Orthodontic procedures other than those to address acute issues (e.g. pain, infection, trauma) or other issues critically necessary to prevent harm to the patient
- Extraction of asymptomatic teeth
- Restorative dentistry including treatment of asymptomatic carious lesions
- Aesthetic dental procedures

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FOR THE LATEST UPDATES, VISIT [ADA.ORG/VIRUS](https://www.ada.org/virus)



Additionally, DPH supports dentists in providing care for previously diagnosed oral health conditions where, in the clinician's opinion, harm would occur to the patient if left untreated.

In consideration of Personal Protective Equipment (PPE) shortages, it is critical that dentists maintain access to the necessary PPE to treat emergency dental needs. This includes N95 masks, face shields, gowns, and gloves. This will allow the dental profession to continue to offset hospital patient loads by providing the critical dental services described above.

DPH urges dental care providers to exercise the utmost caution and to adhere strictly to infection control protocols and PPE guidelines as outlined in the [ADA Toolkit](#) and by the CDC. The dental community should make sure to adhere to the requirements outlined in Delaware Governor John Carney's State of Emergency declaration, including all modifications, and follow the below guidelines in their entirety.

COVID-19 Guidelines for Providing Dental Care

1. Pre-screen every patient for COVID-19 risk factors using a comprehensive questionnaire. A template screening form can be found in the [ADA Toolkit](#).
2. Reduce the number of in-person appointments by utilizing telephone triage and other remote strategies to address specific patient concerns.
3. Practice social distancing in the dental office and waiting area. Stagger patient appointments to minimize patient-to-patient contact. To facilitate adequate distancing, it is strongly recommended to limit one patient per dental care provider. Observing these guidelines will regulate the number of patients within an office/clinic at any given time.
4. Schedule patients in a way that ensures enough time is allocated for appropriate disinfection between patients as recommended in the [ADA Toolkit](#).
5. Patients should come alone for appointments (except where necessary for interpreters, guardians of minors, and others needing assistance.)
6. Record body temperatures for every patient when they arrive for their appointment.
7. Patients reporting or exhibiting symptoms consistent with COVID-19 are to be advised to contact their primary care physician immediately to receive further guidance.
8. All staff members should have their temperatures taken upon arriving at work and a record maintained at the dental office. Follow the [Essential Services Screening Policy](#) issued by the Division of Public Health.
9. Staff members who report or exhibit any symptoms consistent with COVID-19 should self-isolate and contact their primary care physician immediately and follow their advice.
10. All dental personnel shall use appropriate PPE as dictated by the procedure performed, consistent with the [CDC's PPE guidelines](#) and the [ADA's guidelines](#), including masks, face shields, fluid-resistant gowns and hair coverings if applicable.
11. Dental providers should use high-volume evacuators and isolation strategies including rubber dams when appropriate to limit exposure to aerosols.



12. It is recommended that patients use a pre-procedure mouth rinse immediately before beginning a procedure.
13. All surfaces must be disinfected between patients in accordance with the [OSHA/CDC guidelines](#).
14. Dentists are encouraged to work with DPH regarding necessary screening of employees and patients when warranted.

Remember to continue to follow preventative measures no matter how many employees are in the office — physical distancing, stay home when sick, use cough and sneeze etiquette, and practice hand hygiene as often as possible. Clean all high-touch surfaces regularly. For more information, visit: coronavirus.delaware.gov.

These guidelines will continue to be updated as needed as the situation evolves.

What Constitutes a Dental Emergency?

The ADA recognizes that state governments and state dental associations may be best positioned to recommend to the dentists in their regions the amount of time to keep their offices closed to all but emergency care. This is fluid situation and those closest to the issue may best understand the local challenges being faced.

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